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By _____	



<b>OFFICE USE ONLY</b>	
Remit No. _____	
Date _____	
By _____	

### **APPLICATION FOR ELECTION IDENTIFICATION BIRTH CERTIFICATE**

**PLEASE PRINT AND INCLUDE VALID PHOTO ID**

Full Name of Registrant	First Name	Middle Name		Last Name
Date of Birth	Month	Day	Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	City or Town	County		State
Full Name of Father	First Name	Middle Name		Last Name
Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

YOUR NAME: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) -  
(MON-FRI 8:00-5:00)

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

By checking this box, you swear that the use of this Election Identification Birth Certificate is needed to obtain an Election Identification Card issued by the Department of Public Safety. The certificate cannot be used for any other purpose.



**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS  
IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)**

**APPLICATIONS WITHOUT PHOTO IDENTIFICATION WILL  
NOT BE PROCESSED**

Your Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Rec'd \_\_\_\_\_ Date \_\_\_\_\_

